

2023 IOWA HEALTHCARE WORKFORCE STAKEHOLDER SURVEY



The Iowa Medical Society, in partnership with the Iowa Department of Health and Human Services, Iowa Hospital Association, and Iowa Pharmacy Association, leads the Iowa Healthcare Workforce Strategic Planning and Stakeholder Engagement Initiative. This work is being done in collaboration with many other agencies, associations, and stakeholder entities at all levels across the state.

The goals of the Rural Healthcare Workforce initiative are to:

- Understand Iowa's evolving healthcare workforce landscape, understanding what challenges are affecting workforce recruitment, training, and retention, particularly in rural communities.
- Recognize local efforts and investments making a difference.
- Identify ongoing opportunities to improve healthcare workforce shortages and working environments across Iowa.

We are seeking insight and input from local people - from members of the healthcare workforce to those who are recipients of care or represent community stakeholders impacted by local healthcare workforce issues.

All responses are anonymous and will be utilized to support the implementation of the strategic plan and shared efforts to improve healthcare workforce in Iowa.

Below are the results of the 2023 Iowa Healthcare Workforce Stakeholder Survey.

Figure 1. Survey Question: What role(s) best describe you? (n = 81)

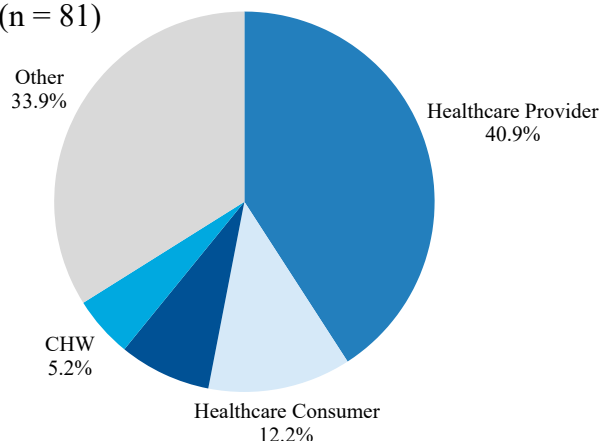


Figure 1 shows the self-reported role for each respondent. Respondents were able to choose multiple options.

Figure 2. Survey Question: Do you consider yourself to live or work in a rural community? (n = 80)

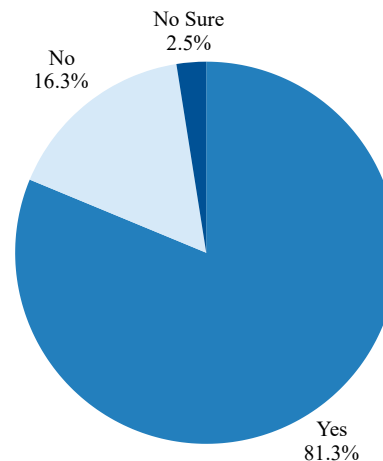


Figure 2 shows the percentage of respondents that feel they live or work in a rural community.

Respondents were closely between healthcare providers and categorized as “other”, which included educators, business owners, public health, and other not specified. There was also strong representation by healthcare consumers, or healthcare patient, followed by family / caregiver, and community healthcare workers (CHW). In striking revelation, over 80% reported that they felt they either lived or worked in a rural area.

Survey Question: What does healthcare workforce look like in your community? (Or what are you seeing locally for statewide partners?)

Respondents consistently described a strained and shrinking healthcare workforce across rural communities and statewide systems. Several major themes emerged:

1. Widespread Workforce Shortages

- The most common concern was severe staffing shortages across nearly all healthcare sectors, including:
 - Nurses (RNs, LPNs, CNAs)
 - Direct care workers
 - EMS personnel
 - Behavioral health providers
 - Physicians and specialists
 - Lab, radiology, dietary, and housekeeping staff
 - Many communities described their systems as “thin,” “sparse,” “minimal,” or operating on “skeleton crews.”

2. Recruitment and Retention Challenges

- Difficulty attracting applicants, especially to rural areas
- High turnover rates
- Burnout and stress among existing staff
- Reliance on overtime and agency/travel staff
- Competition with urban employers and higher-paying industries
- Limited housing
- Lack of childcare
- Few family-friendly amenities
- Insufficient wages, especially for Medicaid-supported services

3. Rural Healthcare Access Concerns

- Loss of services or closure of smaller agencies
- Limited specialty care and long wait times
- Lack of labor and delivery units
- Scarcity of mental health and psychiatric services
- Reduced emergency and long-term care access
- Several respondents noted residents often must travel long distances for specialty or advanced care.

4. EMS and Long-Term Care Strain

- Critical EMS shortages
- Challenges staffing nursing homes and long-term care facilities
- Increased use of traveling administrators and agency staffing
- Difficulty replacing retiring workers

5. Mental and Behavioral Health Gaps

- Therapists
- Psychiatrists
- Substance use treatment providers

6. Concerns About Workforce Experience and Stability

- The workforce is aging
- New graduates prefer daytime schedules and avoid nights/weekends
- Rural systems rely heavily on inexperienced midlevel providers
- Facilities increasingly substitute medical assistants for nurses

A small number of respondents reported stable or positive conditions in specific areas (e.g., Ames), while several indicated they were unsure or did not know enough to answer. The responses portray a healthcare workforce under significant strain, especially in rural Iowa communities. Key concerns include staffing shortages, recruitment and retention difficulties, burnout, inadequate behavioral health capacity, and declining access to care. Rural systems appear particularly vulnerable due to workforce scarcity, financial pressures, and reduced service availability.

Survey Question: What are the biggest challenges currently impacting healthcare workforce in your experience or opinion? (What keeps you up at night?)

Across responses, the most consistent concern is a severe and worsening workforce shortage across nearly all roles—physicians, nurses, allied health professionals, EMS, mental health providers, and support staff. This shortage is especially acute in rural areas, where respondents describe persistent difficulty recruiting and retaining qualified clinicians and maintaining essential services like emergency care, specialty care, and ambulance coverage. Closely tied to staffing is the issue of burnout and workload strain, with many citing chronic understaffing, excessive overtime, high patient acuity, and rapidly increasing administrative demands. Overly complex electronic medical records and documentation requirements are frequently described as reducing time for direct patient care and contributing to fatigue and dissatisfaction.

Compensation and financial pressures emerge as another major theme. Respondents point to wages that are not keeping pace with cost of living, low reimbursement rates (particularly Medicaid/Medicare), and competition from better-paying sectors or urban systems. These financial constraints also affect the ability to recruit and retain staff, including nursing faculty, technicians, and entry-level workers, and limit investment in training and education pipelines. Many comments highlight a weakening pipeline for future healthcare workers, including shortages of nursing students, high cost of education, inadequate loan repayment support, and inability to pay clinical educators competitively. This is seen as a structural barrier that will worsen long-term shortages.

Several responses focus on access and availability of care, particularly limited specialty services, long wait times, inadequate mental health resources, and gaps in maternal and pediatric care. Rural communities are described as especially impacted, with patients often forced to travel long distances or rely on overstretched emergency services. Respondents also point to system-level and organizational issues, including corporatization of healthcare, administrative burden, lack of physician input in leadership, poor communication across providers, and weak care coordination that leads to duplication and errors. Some also raise concerns about declining professional respect, workplace culture, and retention incentives.

Survey Question: What keeps you motivated as you facing workforce challenges? (Personally or professionally.) (n = 64)

- Patient care & impact
- Relationships & appreciation
- Mission, purpose & professional calling
- Rural/community commitment; loyalty to rural Iowa communities and neighbors
- Teaching, mentoring & workforce pipeline
- Hope, resilience & future improvement
- Personal responsibility & necessity
- Professional pride & standards; commitment to excellence and quality care
- Emotional fulfillment & personal satisfaction from helping others

Survey Question: What changes are you seeing changes in healthcare workforce? (Good, bad, indifferent. Ex: new or closing programs, local grant awards from state investment programs, etc.)

- Widespread shortages across all roles (nursing, physicians, CNAs, EMS, pharmacy, mental health)
- Access to care & service closures
- Shifts in care delivery models; Expansion of telehealth, midlevels, and coordinated care efforts
- Declining enrollment in nursing and health education programs
- Rising burnout and emotional exhaustion among staff; Lower morale
- Compensation & financial pressures; Low wages compared to workload and cost of living
- Rural areas disproportionately affected by provider shortages and closures
- Urban centers more likely to retain or attract staff
- Administrative, regulatory & system pressures; Growth in corporate control and consolidation of healthcare systems
- Quality of care & workforce skill concerns

Figure 3. Survey Question: Who do you see as local workforce champions? (n = 64)

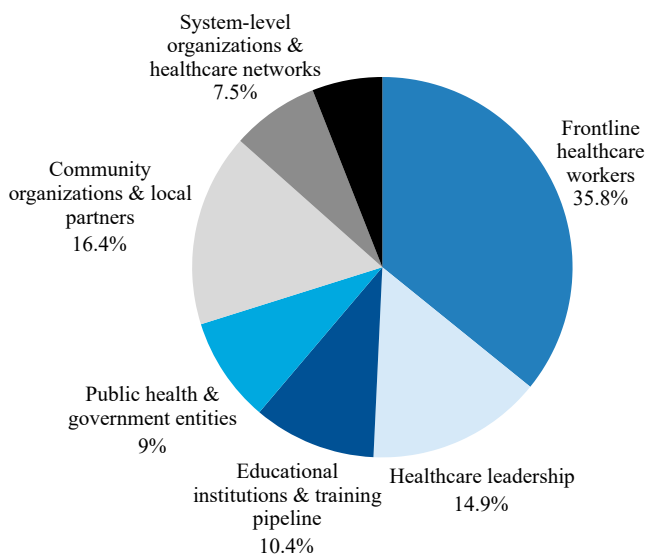


Figure 3 shows identified healthcare workforce champions identified by respondents. The black represents no champion identified.

Champions to continue the work of recruitment, retention, and sustainability of the healthcare workforce in Iowa had a wide variety of responses. The bulk of respondents found leadership from their frontline staff / coworkers and community partners. Additional champions identified included healthcare leadership, training pipeline, public health and government agencies, and system level support. A smaller but notable group explicitly reports no clear champions or weak advocacy structures, highlighting fragmentation in perceived support across the system. The responses for no champion identified included insight such as: “No one,” and “...No one fights for us, except us.”

The final open ended section allowed respondents to express additional thoughts on healthcare workforce efforts. Some key highlights noted:

- “I would really like to see more workforce dollars going to CTE educators. **Without them, there is no one to train future workers.**”
- “I like the strategic plan, we need dollars behind it to **promote education to middle school & high school students.** It seems there is always a lot of [money] out there for FFA & Agriculture, we need the same for healthcare.”
- “We have an opportunity to **partner** with more community college, local college and university's to employ students while they are getting their degree, while gaining experience.”
- “Rural areas need to have the ability to fully use the healthcare providers that are available in their communities.”
- “We need to **build our infrastructure locally.** I'm afraid regionalization will have our rural communities, especially communities of 5,000 people or less, falling through the cracks.”

Limitations

Several limitations should be considered when interpreting the findings from this survey. First, the analysis is based on summarized responses rather than verbatim transcripts or direct quotations from participants. As a result, findings reflect synthesized themes and discussion highlights rather than a complete representation of every perspective. Additionally, self-selection bias, social desirability bias, and the phrasing and placement of questions may have influenced the responses collected. Findings do not represent statewide perspectives as the survey cannot be confirmed to be an adequate sample size.

Conclusion

Overall, the responses highlight a healthcare system experiencing significant strain across workforce supply, education pipelines, and rural service delivery. Persistent shortages, compensation challenges, and burnout are compounded by concerns about underfunded training programs and difficulty recruiting and retaining qualified staff. Access to care—particularly in rural communities and EMS systems—emerges as a critical vulnerability, with growing fears about long-term sustainability. At the same time, respondents emphasize the importance of stronger investment in education, earlier workforce exposure, and better support for frontline providers as key strategies for stabilization and improvement. Further exploration of findings will be key to honing in on next steps to address the ongoing healthcare workforce recruitment and retention crisis experienced statewide.

This report is part of an ongoing statewide rural healthcare workforce recruitment and retention strategic plan. This work is guided by our partners, Task Force members, and townhall participants, and the public.

THANK YOU TO OUR PARTNERS

